

POSITION	INITIALS	ID NO.	DATE
	<i>HS</i>		<i>10/16/00</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		<i>43</i>	<i>10/21/00</i>
FORMALITY REVIEW	<i>BD</i>	<i>60859</i>	<i>11/15/01</i>
RESPONSE FORMALITY REVIEW	<i>FB</i>	<i>71022</i>	<i>3/23/01</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

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If more than 150 claims or 10 actions  
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